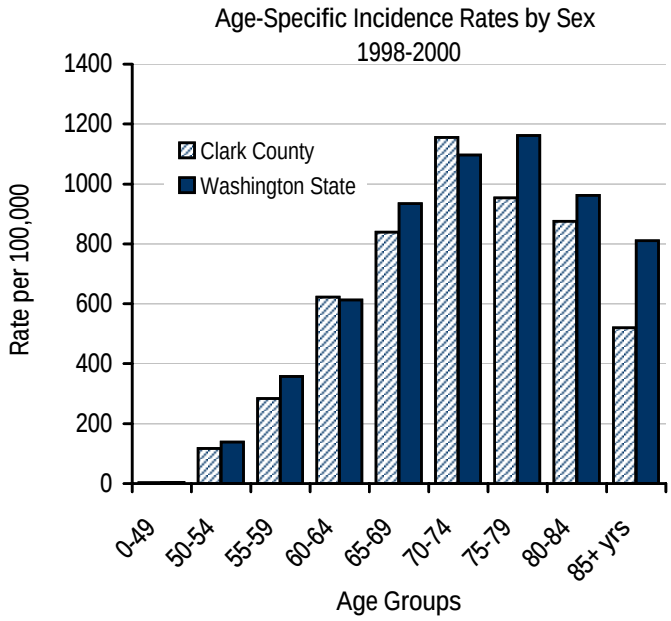
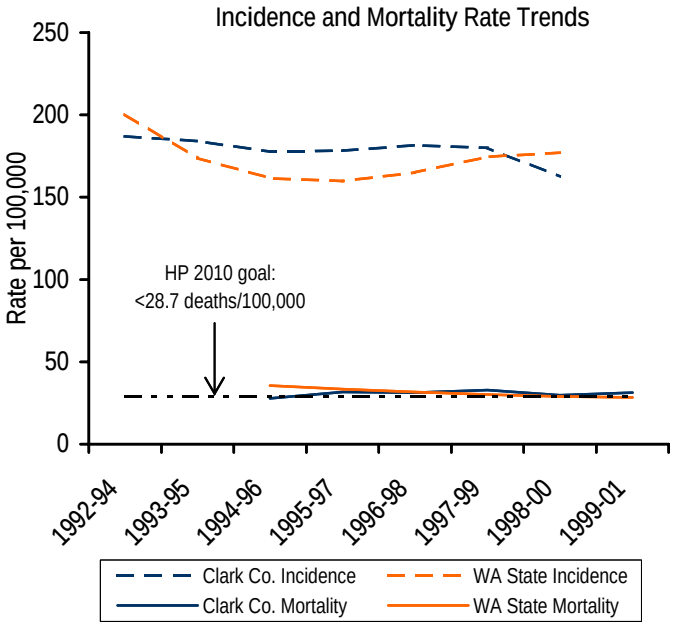
# Prostate Cancer
## Clark County and Washington State, 1994 through 2001

Why we should care:

Second only to skin cancer, prostate cancer is the most common form of cancer diagnosed as well as the second leading cause of cancer death among men in the United States. (1) No prevention recommendations are available because it is unclear whether any prostate cancer risk factors can be changed. (2) There is currently no scientific consensus on whether screening and treatment of early stage prostate cancer reduces death from this disease. (1)



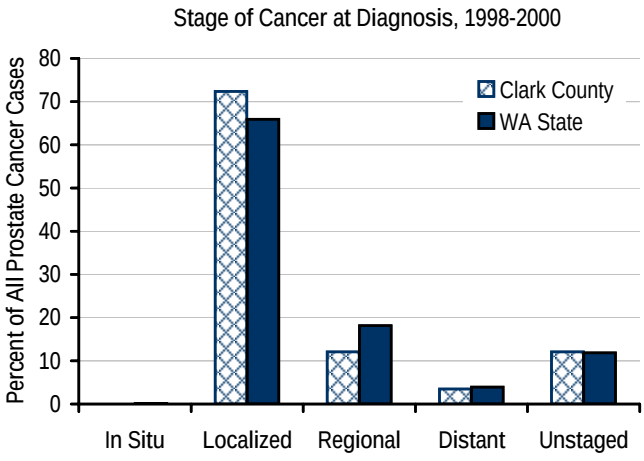




Status:

- Clark County's prostate cancer incidence rate has declined since the early 1990's while the statewide rate is showing a slight increase in recent years.(3)
-The incidence rate generally increased with age until 70 to 79 years of age. In most age groups the risk of prostate cancer was higher in men statewide compared with Clark County men.(3)
- The prostate cancer death rates in both the county and the state remained steady and were close to meeting the Healthy People 2010 target of fewer than 28.7 deaths per 100,000 population.(4,5,6)
- The majority of persons diagnosed with prostate cancer were identified in the early stages of the disease indicating the presence of effective screening programs in this county and statewide. (3)

What we can do :

- Digital rectal examination (DRE) and the prostate-specific antigen (PSA) test are two commonly used methods of detection. (1) However, studies have been inconclusive in showing that prostate screening reduces deaths from this disease. (7)
- The American Academy of Family Physicians recommends counseling men between the ages of 50 and 65 about the pros and cons of prostate cancer screening. (7) Men should receive sufficient information to allow them to make an informed decision. (7)



# Prostate Cancer Incidence and Mortality
## Clark County and Washington State, 1992-1994 through 1999-2001

| | Clark County | | | | Washington State | | | |
|---|---|---|---|---|---|---|---|---|
| Period | Incidence Rate | No. of Cases | Death Rate | No. of Deaths | Incidence Rate | No. of Cases | Death Rate | No. of Deaths |
| 1992-94 | 187.1 | 179 | NMF*** | - | 200.4 | 4,109 | NMF*** | - |
| 1993-95 | 184.1 | 183 | NMF*** | - | 173.8 | 3,668 | NMF*** | - |
| 1994-96 | 177.7 | 185 | 27.9 | 71 | 161.5 | 3,483 | 35.5 | 1944 |
| 1995-97 | 178.2 | 194 | 31.8 | 82 | 159.8 | 3,527 | 33.4 | 1871 |
| 1996-98 | 181.5 | 207 | 31.2 | 87 | 165.0 | 3,725 | 31.7 | 1828 |
| 1997-99 | 180.0 | 214 | 32.8 | 96 | 174.5 | 4,050 | 30.2 | 1781 |
| 1998-00 | 162.6 | 201 | 29.8 | 89 | 177.1 | 4,218 | 28.9 | 1757 |
| 1999-01 | NA*** | NA*** | 31.3 | 93 | NA*** | NA*** | 28.4 | 1765 |

### Technical notes

*Rates:*

-Much of public health assessment involves describing the health status of a defined community by looking at changes in the community over time or by comparing health events in that community to events occurring in other communities or the state as a whole. In making these comparisons, we need to account for the fact that the number of health events depends in part on the number of people in the community. To account for growth in a community or to compare communities of different sizes, we usually develop rates to provide the number of events per population unit. The following rates are most commonly used:

- Crude mortality rates, or death rates, are calculated by dividing the number of deaths due to a certain cause by the population in which the deaths are occurring in a specified period of time such as one year.

-Age-adjusted death rates are calculated to allow comparisons of death rates between two populations at the same time or the same population at different times. The age-adjustment process removes differences in the age composition of two or more populations to allow comparisons between these populations independent of their age structure.

- Incidence is a way of measuring the risk of a disease in a population. An incidence rate is calculated by dividing the number of new cases of a disease by the population in which the disease is occurring in a defined period of time (e.g. one year) and multiplying this number by 100,000.

*Other technical notes:*

- * Rate per 100,000 deaths adjusted using the 2000 U.S. Standard Population; deaths coded using ICD 10.
- **NMF = no meaningful figures. Deaths prior to 1994 cannot be accurately recoded using the ICD 10 system and therefore are not considered in these analyses.
-***NA = data not available at time of printing.

### Sources

(1) U.S. Department of Health and Human Services. Healthy People 2010 Conference Edition-Volume 1, 3 Cancer; pg 3-7. Washington , DC: January 2000. (2) U.S. Department of Health and Human Services. Centers for Disease Prevention and Control. 2002 Prostate Cancer: The Public Health Persepctive [on-line] Available: http://www.cdc.gov/cancer/prostate/prostate.htm. (3) Washington State Cancer Registry Data Online, Cancer Incidence Data, 1992-2000. Olympia, WA: Washington State Department of Heatlh, Washington State Cancer Registry. Retrieved from http://www3.doh.wa.gov/WSCR/ASP/WSCRQry.asp in May 2003. (4) Vital Registration System, Annual Statistics Files, Deaths 1980-2001. [Data file]. Olympia, WA: Washington State Department of Health, Center for Health Statistics. (5) Public Health: Seattle & King County, Epidemiology, Planning, & Evaluation. (1991-2003). VistaPHw (Version 3.1.1) [Computer software for public health assessment]. Seattle, WA. (6) U.S. Department of Health and Human Services. Healthy People 2010 Objective 3-7: reduce the prostate cancer death rate to no more than 28.7 deaths per 100,000 males. Washington, DC: January 2000. (7) Lefevre, M. (1998). Prostate Cancer Screening: More Harm Than Good? [Electronic version]. American Family Physician, August. Retrieved May 1, 2003 from: www.aafp.org/afp/980800ap/lefevre.html.